



Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4830

WHOLESALE/MANUFACTURER APPLICATION

Check the licenses or registrations which correspond to your proposed business activities.

- | | | | |
|--|----------|---|-----------|
| <input type="checkbox"/> Controlled Substances Wholesaler | \$105.00 | <input type="checkbox"/> Drug Manufacturer | \$ 540.00 |
| <input type="checkbox"/> Drug Wholesaler (Full Line) | \$540.00 | <input type="checkbox"/> Controlled Substances Manufacturer | \$ 105.00 |
| <input type="checkbox"/> Drug Wholesaler Over-the-Counter Only | \$300.00 | <input type="checkbox"/> Other CSA Registration | \$ 35.00 |
| <input type="checkbox"/> Drug Wholesaler (Export) | \$540.00 | Describe _____ | |

1. This is a ☐ New Location ☐ Change of Location ☐ Change of Ownership
2. The type of ownership is a ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
3. Name of Corporation, Partnership or Proprietor _____
4. Doing Business As _____
5. Mailing Address _____

STREET OR BOX NUMBER

CITY

STATE

ZIP CODE
6. Location of Business _____

STREET

CITY

STATE

ZIP CODE
7. Telephone Numbers: Out-of-State () _____ In-State () _____
8. Corporation Number _____ DEA Number _____
9. Contact Person _____ Title _____
10. List Name, Address and Title of Corporate Officers, Partners or Owner(s)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
11. Previous Owner's Name _____
12. Previous Name of Business _____
13. Date of Change of Ownership _____ Preferred Inspection Date _____
14. Has any owner or officer ever been found guilty of a drug, controlled substance or moral turpitude violation? ☐ Yes ☐ No
If yes, explain in detail on the back of this form, provide circumstances, places, dates and outcomes.
15. Certification

I, _____, certify under penalty of perjury under the laws of the state of Washington to the truth and accuracy of all statements, answers, and representations of the foregoing application, including all supplemental statements.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, _____

Notary Signature _____

For the state of _____

Residing at _____

My Commission Expires _____

SEAL